

IFW 3767

PTO/SB/21 (07-06)

Approved for use through 09/30/2006. OMB 0651-0031

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

2

Application Number

08/877,155

Filing Date

August 3, 2006

First Named Inventor

Michel J.N. Cormier

Art Unit

3767

Examiner Name

Kennedy, Sharon E.

Attorney Docket Number

ARC2466R1

ENCLOSURES (Check all that apply)☐

Fee Transmittal Form

☐

Fee Attached

☐

Amendment/Reply

☐

After Final

☐

Affidavits/declaration(s)

☐

Extension of Time Request

☐

Express Abandonment Request

☐

Information Disclosure Statement

☐

Certified Copy of Priority Document(s)

☐Reply to Missing Parts/
Incomplete Application☐Reply to Missing Parts
under 37 CFR 1.52 or 1.53☐

Drawing(s)

☐

Licensing-related Papers

☐

Petition

☐Petition to Convert to a
Provisional Application☒Power of Attorney, Revocation
Change of Correspondence Address☐

Terminal Disclaimer

☐

Request for Refund

☐

CD, Number of CD(s) _____

☐ Landscape Table on CD☐

After Allowance Communication to TC

☐Appeal Communication to Board
of Appeals and Interferences☐Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)☐

Proprietary Information

☐

Status Letter

☐Other Enclosure(s) (please identify
below):**Remarks**

1. Return Receipt Postcard

2. Transmittal (1 pg.)

3. Power of Attorney and Correspondence Address (2 pp.)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

ALZA Corporation

Signature

Michael Atkins

Printed name

Michael Atkins

Date

8/9/06

Reg. No.

35,431

CERTIFICATE OF TRANSMISSION/MAILING

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Amy Alwine

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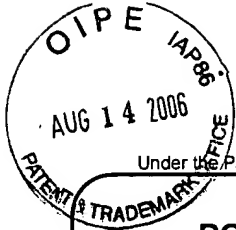
Amy Alwine

Date

08/10/2006

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PTO/SB/81 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035

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**POWER OF ATTORNEY
and
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INDICATION FORM**

Application Number	08/877,155
Filing Date	August 3, 2006
First Named Inventor	Michel J.N. Cormier
Title	Attachment Discouraged
Art Unit	3767
Examiner Name	Kennedy, Sharon E.
Attorney Docket Number	ARC2466R1

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

27777

OR

☐ Practitioner(s) named below:

Name	Registration Number

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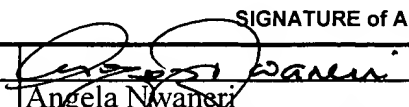
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	August 3, 2006
Name	Angela Nwaneri	Telephone	(650) 564-2024
Title and Company	VP Patent Law / ALZA Corporation		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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Addendum

1. DEVICE AND METHOD FOR ENHANCING TRANSDERMAL FLUX OF AGENTS
BEING DELIVERED OR SAMPLED